2026 RATES PER PAYCHECK

RATES ARE PER PAY PERIOD, BASED ON 24 PAYCHECKS PER YEAR.

BENEFITS CONNECT

Katy Independent School District

AETNA MEDICAL PLANS

	Memorial Hermann ACO	HDHP (High Deductible Health Plan)	Choice POS
Employee Only	$63.50	$42.50	$127.50
Employee + Spouse	$520.00	$448.50	$702.50
Employee + Child(ren)	$235.50	$197.50	$397.00
Employee + Family	$482.00	$418.00	$843.00

DENTAL PLANS

	High Plan	Low Plan
Employee Only	$25.78	$7.46
Employee + Spouse	$52.30	$13.98
Employee + Child(ren)	$46.91	$10.61
Employee + Family	$66.10	$18.24

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Supplemental Life and AD&D (rates are per $10,000)

Your age January 1 of plan year		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate		$0.30	$0.35	$0.40	$0.45	$0.65	$0.90	$1.30	$2.00	$2.95	$4.65
Spouse Life											
Spouse age January 1 of plan year		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Benefit Level	$10,000	$0.20	$0.25	$0.30	$0.35	$0.55	$0.80	$1.20	$1.90	$2.85	$4.55
	$20,000	$0.40	$0.50	$0.60	$0.70	$1.10	$1.60	$2.40	$3.80	$5.70	$9.10
	$35,000	$0.70	$0.88	$1.05	$1.23	$1.93	$2.80	$4.20	$6.65	$9.98	$15.93

Child Life

Benefit Level	Rate
$5,000	$0.20
$10,000	$0.40

CRITICAL ILLNESS

		Your age January 1 of plan year					
		18 – 29	30 – 39	40 – 49	50 – 59	60 – 69	70+
Employee Only	$5,000	$1.19	$1.90	$3.05	$6.02	$13.29	$17.83
	$10,000	$2.39	$3.81	$6.10	$12.05	$26.58	$35.67
	$15,000	$3.58	$5.71	$9.15	$18.07	$39.87	$53.50
	$20,000	$4.77	$7.61	$12.20	$24.09	$53.15	$71.33
	$25,000	$5.96	$9.51	$15.25	$30.12	$66.44	$89.17
	$30,000	$7.16	$11.42	$18.30	$36.14	$79.73	$107.00
Spouse	$5,000	$1.19	$1.90	$3.05	$6.02	$13.29	$17.83
	$7,500	$1.79	$2.85	$4.58	$9.04	$19.93	$26.75
	$10,000	$2.39	$3.81	$6.10	$12.05	$26.58	$35.67
	$12,500	$2.98	$4.76	$7.63	$15.06	$33.22	$44.58
	$15,000	$3.58	$5.71	$9.15	$18.07	$39.87	$53.50

VISION PLAN

	Rate
Employee Only	$4.32
Employee + 1	$7.26
Employee + Family	$10.92

DISABILITY COVERAGE

Elimination Period	Rate
STD (14 day waiting period)	$0.554 per $10 covered benefit
LTD (90 day waiting period)	$0.446 per $100 frozen* salary

If you enroll in both plans, you will be charged a combination of both premiums. *Annual salary is frozen every October of the previous plan year. This is the amount your premiums are based on.

LEGAL PROTECTION PLAN

	Rate
Employee + Family	$8.75 per paycheck

IDENTITY THEFT PROTECTION

	Rate
Employee Only	$3.97
Employee + Family	$6.97

ACCIDENT INSURANCE

	Rate
Employee Only	$6.07
Employee + Spouse	$10.34
Employee + Child(ren)	$10.84
Employee + Family	$15.11

HOSPITAL INDEMNITY

	Rate
Employee Only	$12.35
Employee + Spouse	$21.68
Employee + Child(ren)	$19.35
Employee + Family	$28.68

EMERGENCY TRANSPORT

	Emergent Plus	Emergent Premier	Platinum
Employee + Family	$7.00	$9.50	$19.50